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*Reports from Matanzas—Inspection of vessels—Yellow fever on steamship Miguel M. Pinillos.*

Acting Assistant Surgeon Nuñez reports, August 13 and 21, as follows:

Week ended August 11, 1906: Bills of health were issued to 4 vessels bound for United States ports; 5 certificates of immunity were granted to passengers going to the United States via Habana. Of these 2 were revaccinated at this office and so stated in their health certificates.

Since August 1 no new cases of yellow fever have been reported in the province.

Week ended August 18, 1906: Bills of health granted to 3 vessels bound to United States ports; 2 certificates of immunity issued to passengers going to the United States via Habana. The Spanish steamship *Miguel M. Pinillos*, bound to New Orleans, was fumigated August 11, and being directed not to sail and to await further orders at this port, she was fumigated again on the 15th instant, shortly before leaving for New Orleans, her final port of destination. One case of yellow fever developed on board of this vessel in one of the crew taken on in Habana, whose contagion was directly traceable to that city. This case was promptly reported to the bureau by cable on August 14, and also as being confirmed by the Cuban commission on the 17th instant. The patient has recovered, but is still under observation and isolation at the civil hospital of this city.

No new cases of yellow fever have been reported since August 14.

*History of yellow-fever case imported from Habana on steamship Miguel M. Pinillos.*

On the morning of the 11th instant the Spanish steamship *Miguel M. Pinillos* entered this harbor bound from Barcelona, Spain, to New Orleans, via several other Spanish ports, Porto Rico, Santiago, Habana, and Matanzas, leaving Habana during the previous evening. Shortly after her arrival the captain came to this office to make arrangements for the fumigation of the vessel during the same afternoon.

At 1.30 p. m. I arrived on board and commenced the fumigation at 2. At 5, when the fumigation was completed, the captain was asked to muster the crew for inspection. While this was being accomplished, I observed a man coming to the lines with a very staggering walk and looking sick. I went to him, and seeing that he was about to faint I had him carried over on one of the hatches for his examination. He stated as follows: Name, M. M.; a native of Cadiz, Spain; 26 years of age. He is a man of fair complexion and good constitution. No history of any previous sickness of a serious nature. He arrived in Habana from his native country three months ago. He worked during the first month in Cuba aboard a coastwise vessel plying between Habana and northern ports of the island. During the last two months he had no occupation and was wandering about the streets of Habana, homeless, without any definite place to stay, sleeping generally in the open air on the benches in the public parks, having scarcely anything to eat up to August 10, when he joined the crew of the vessel referred to. The day before his arrival on board—that is, on August 9—he

began to feel sick, but did not report his condition either to the ship's surgeon or to the captain. One of the crew stated that he had not been able to attend to his duties since he came on board.

The patient complained of great weakness, headache, and dizziness; pain in the stomach and back, as well as in the upper and lower extremities; his face was flushed, his eyes were injected without any jaundice present, and the tongue slightly coated with red borders and red tip. There was nausea, but no vomiting. I took his temperature and found it  $39^{\circ}$  C., and pulse 88.

While the patient was being examined the captain was directed by a letter from the ship's agent not to sail and to await new orders.

The patient was ordered to bed, isolated from the rest of the crew, and lodged in one of the second-class cabins amidship. He was prescribed a dose of calomel followed by Epsom salts and quinine.

August 12, 8 a. m., I visited the case, accompanied by Doctor Garcia, the Cuban quarantine officer, who had been summoned, and observed the following symptoms: Temperature,  $39.2^{\circ}$ ; pulse, 80, and his general condition the same. The urine was examined and contained no albumin. The sulphate of magnesium prescribed him the day before was thrown up immediately after taking it; therefore it had no effect and a second dose was ordered, followed by quinine. There was intense thirst, and cold lemonade taken at pleasure was advised. The patient was seen again by Doctor Garcia the same afternoon and it was found that his temperature had risen to  $40^{\circ}$ , while his pulse had dropped to 76. There had been no vomiting, no jaundice, no epistaxis, not any appreciable injection of the gums accompanied by hemorrhage, but the epigastralgia and rachialgia continued the same, as well as the frontal headache, without delirium. The patient occasionally had cough with some expectoration of a greenish sputum, apparently due to a long-standing bronchial catarrh, as there was no appreciable dyspnoea nor pain, and the auscultation of the chest revealed only disseminated sonorous coarse râles.

August 13, 9 a. m: Temperature,  $38.5$ ; pulse, 70. The patient had slept very little through the previous night. Urine scanty, high colored, and showing a trace of albumin. The bowels had not moved and a mixture of cream of tartar and lemon juice was prescribed every 2 hours. At 4.30 p. m., same day, temperature,  $38.5$ ; pulse, 61; the albumin in the urine was in larger proportions.

August 14, 8 a. m: Temperature,  $37.6$ ; pulse, 56; he complained of great weakness; the albumin in the urine was considerably increased as compared with the previous evening; urine scanty and high colored. No jaundice, no vomiting, no black stools had appeared. The case was diagnosed as yellow fever by the writer, and was ordered by the Cuban quarantine officer to the city hospital with all necessary precautions, the patient being well protected by a mosquito bar while being conveyed to the isolation ward in the hospital, and the vessel was immediately after thoroughly fumigated with sulphur by the Cuban service. I cabled the Bureau and also telegraphed Passed Assistant Surgeon von Ezdorf on August 14, reporting the case so soon as the nature of the disease had been determined.

I visited the patient again at 4 p. m. of August 14, and noted his temperature  $36.5$  and pulse 52. His general condition had improved and he was feeling better. The urine was again examined, and it was

found that the quantity of albumin was somewhat increased. During the first twenty-four hours after the patient was in the hospital his urine was carefully measured, only voiding 550 grammes. The patient's condition continued more or less the same, with the exception of a slight fever, running up to 38, the highest from August 13 to 16.

August 17, 10 a. m.: Temperature, 36; pulse, 48. Some trace of albumin was still detected in the urine. The patient had slept soundly during the night, and was asking for solid food.

I based my diagnosis in this case mainly on three important symptoms: (1) The uninterrupted dropping of the pulse rate, not only when the temperature rose, but also when it went down, without correlation in either case between each other, not even after defervescence was ushered in; (2) the stationary temperature without marked remissions or exacerbations during the evening, as compared with that of the morning, while the pulse was falling by about 10 beats daily; (3) the appearance of albumin in the urine in increasing proportions.

Doctor Guiteras arrived from Habana during the morning of August 16 and examined the case in my presence with two other physicians of this locality. He called our attention to the presence of a very slight icterus hue in the sclerotics, which could only be perceived at a distance. Although Doctor Guiteras's impression of the case, after the examination of the patient and the clinical data furnished by me from the time the disease was detected, was that the case was one of yellow fever, and he so expressed it, yet not one of the local practitioners who accompanied him nor any of those who saw the case agreed with his views nor with my diagnosis. They all pronounced the case to be one of gripe and not yellow fever. In view of so much controversy Doctor Guiteras deferred the final decision on the case until the following morning, August 17, when my original diagnosis of yellow fever was definitely confirmed.

As the patient was not able to locate the places he visited in Habana, the focus of infection in that city where he contracted the disease has not as yet been traced.

The Spanish steamship *Miguel M. Pinillos* was carefully refumigated by me and the condition of all the crew ascertained as good on August 15, when she left for New Orleans direct at 6 p. m. The Bureau was notified by cable the destination and date of departure of this vessel from this port.

On August 17 the confirmation of the case of yellow fever was also reported to the Bureau by cable.

As every precaution was taken with the patient while on board by the Cuban authorities and he was landed after the infective stage was over, not bringing any contagion into the city, I will continue to call the sanitary condition of this port only suspicious, as heretofore.

#### *Report from Santiago—Inspection of vessels.*

Acting Assistant Surgeon Wilson reports, August 15, as follows:

Week ended August 10, 1906: Bills of health issued to 3 vessels bound for the United States. No vessel was fumigated.

No quarantinable disease has been reported.